## FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

## IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

|                             | MITIA Williams 6W1652<br>of Plaintiff) (Inmate Number)                                  | :<br>:   |
|-----------------------------|---|--|
| P.D.B.<br>(Address          | ox 180 Muncy Ph 17756   | ;<br>;   |
| (2)                         |   | •<br>•   |
|                             | f Plaintiff) (Inmate Number)  | : (Case Number)  |
| (Addres                     | s)  | :<br>:   |
|                             | med party must be numbered,<br>names must be printed or typed)                          | · : : : : : : : : : : : : : : : : : : :  |
|                             | Vs.   | : CIVIL COMPLAINT  |
| (1) 0                       | water last Robert Smedto  | :  |
| (1) Zuper                   | THROUGHT NOOKT SIMILEY  | FILED  |
| (2) Correc                  | of Care Solutions   | SCRANTON   |
| (3) <u>C.0</u> by<br>(Names | of Defendants)  | DEC 1 8 2017   |
|                             | med party must be numbered, names must be printed or typed)                             | DEPOS Y OLERK  |
|                             |   | U.S.C. § 1983 - STATE OFFICIALS<br>J.S.C. § 1331 - FEDERAL OFFICIALS   |
| I. PRE                      | EVIOUS LAWSUITS   |  |
| Α.                          | If you have filed any other lawsuits in fed<br>number including year, as well as the na | deral court while a prisoner, please list the caption and case<br>ame of the judicial officer to whom it was assigned: |
|                             |   |  |
|                             |   |  |
|                             |   |  |
|                             |   |  |

## II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

|                                  | ground on which you request action.  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|
| A.                               | Is there a prisoner grievance procedure available at your present institution?No   |  |  |  |  |  |
| B.                               | Have you fully exhausted your available administrative remedies regarding each of your present claims?YesNo  |  |  |  |  |  |
| C.                               | If your answer to "B" is Yes:  |  |  |  |  |  |
|                                  | 1. What steps did you take? Made tamplant was Found as Frevolous   |  |  |  |  |  |
|                                  | 2. What was the result? Was Yound as Frivolous   |  |  |  |  |  |
| D.                               | If your answer to "B" is No, explain why not:  |  |  |  |  |  |
| (1) N  E  M (2) N  E  M (3) N  E | Iame of first defendant: Superintendant Robust Smith  Imployed as Super intendant at 8CT MUNCY  Iailing address: P.OBOS 180 MUNCY PA 1778  Iame of second defendant: Correct Care Solutions  Imployed as Mulical at Sc. Muncy  Iailing address: P.O BOS 180 MUNCY PA 1778  Iame of third defendant: Coo Double Dawles C.O Stacks  Imployed as Correctional Officer St. SC.1 MUNCY  Iailing address: P.O BOS 180 RAUNCY DA 1778  (List any additional defendants, their employment, and addresses on extra sheets if necessary)  EMENT OF CLAIM |  |  |  |  |  |
| (State he                        | ere as briefly as possible the facts of your case. Describe how each defendant is involved, including places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three if necessary.)  |  |  |  |  |  |
| 1.                               | Superintendant South Because I got sexually assufted in his prison. I tried to report it to my officer. They did nothing. So I show it Bristian on the walk and I asked her am she lister  |  |  |  |  |  |

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|----------------|--|
|                | In my room so that it wont be unfounded she said she didn't have to  |
| 2.             | May made me take pictures in my under clothe only to Find my preg ruse untrounded. Correct Care Solutions because they neglect all of my medical |
|                | needs. My colon is Yull of Stool I can die From this and they refuse   |
|                | to do anything about it. Fell in the kitchen have lumps in my body   |
| 3.             | but they do nothing about it. C.D Donnarouma and co starks because   |
|                | They harross me and hed on misconducts to make my write up go  |
|                | to the hearing examiner and then them charges was drapped  |
|                | and I end up spending time in the thu For internals. Suffer From F<br>Because of them. Hipporlaw was violated as well                            |
| RELI           |  |
| (State statute | briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or es.)  |
| 1.             | Protect me From retalition and Phyme For my pour and suffering   |
|                | and help me put my case together against this prison, and get  |
|                | me the medical attention that I need blesse  |
|                |  |
| 2.             | Unlations of the orth and wh Amendments, pelibrate indifference  |
|                | and medical neglect, I seek compensatory declaratory and   |
|                | sunting damages and colonies telsing court code in the time  |
|                | It woo on and pun and suffering to be determined by the court  |
| 3.             | l e e e e e e e e e e e e e e e e e e e  |
| - 1            |  |
|                | ·  |

V.

|  | Case 1:17-c | /-02323-JE       | J-EBC  | Document 1                   | Filed 12/18/17 | Page 4 of 5       |
|--|-------------|------------------|--------|------------------------------|----------------|-------------------|
|  |             | <del>-</del>     |        |                              |                |                   |
|  |             |                  |        |                              |                |                   |
| I declare under penalty of perjury that the foregoing is true and correct. |             |                  |        |                              |                |                   |
|  | Signed this | IJ <sup>#h</sup> | day of | Decimber                     |                | _, 20 <u>\1</u> . |
|  |             |                  | (Signa | Synaula<br>ture of Plaintiff | Welliams       |                   |

Supposite Williams

# DW/652

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Wuncy PA 17756

RECEIVED SCRANTON DEC 18707

